



Hamilton-Wentworth District School Board International Student Programs

STUDENT APPLICATION PACKAGE



欢迎并感谢您对汉密尔顿市教育局的国际学生项目进行咨询。这份资料涵盖我们的申请程序及申请表格。如果您计划申请我教育局下属学校，请注意申请截止日期：5月31日截止申请当年9月份入学；11月30日截止申请来年2月份入学。

请仔细阅读本册资料，如有任何问题，欢迎致电入学申请办公室 905.527.5092 转分机 2235，或者发送电子邮件至 admissionsoffice@hwdsb.on.ca。我们期待您的来电或来函！

录取标准

学生能否被汉密尔顿市公立教育局国际学生项目录取，并进入其下属某所学校，取决于以下因素：

- ◆ 学生的教育背景和学习成绩。申请人过去两年的学习平均成绩要求达到75分（百分制）或以上。如因特别原因不满足此项要求，需联系入学申请办公室递交额外的申请信息，最终决定由教育局根据学生的具体情况决定。学生必须于开学前抵达加拿大，并且遵守汉密尔顿市公立教育局的《学生行为准则》。
- ◆ 汉密尔顿市公立教育局国际学生项目的录取名额。
- ◆ 学生签证。所有学生在出发赴加拿大留学前，必须先申请并获得加拿大移民局发放的学生签证。申请表格和指南可从加拿大移民局网站 (www.cic.gc.ca/english/information/applications/student.asp) 或是加拿大在当地的使领馆获得。学生还应向加拿大在当地的签证处咨询是否需要填写其它表格或提供其它文件。

课程与录取

◆ 高中课程：9至12年级

所有申请入读高中课程的学生，其过去两年的学习平均成绩必须达到75分（百分制）或以上。如因特别原因不满足此项要求，需联系入学申请办公室递交额外的申请信息，最终决定由教育局根据学生的具体情况决定。学生最终是否被录取以及其课程和学校安排，取决于其英语水平及在汉密尔顿市的居住地点。教育局会尽可能安排学生入读符合其学习意愿的学校。

◆ 小学课程：幼儿园至8年级

小学生将会被安排到符合其年龄的年级中。所有小学生在汉密尔顿市公立教育局入读期间，必须与其一名直系亲属居住。

Hamilton-Wentworth District School Board International Student Application Package

申请程序

第一步:

递交以下申请材料至: 汉密尔顿市教育局入学申请办公室
电邮: admissionsoffice@hwdsb.on.ca 或
邮寄: Admissions Office, Hamilton-Wentworth District School Board
110 King Street West, Plaza Suite #606, Hamilton, ON L8P 4S6, Canada

1. 由家长、监护人或学生(如果学生为18岁或以上)填写完整的《申请表》
2. 学生当年及过去两年的学习成绩单(中英文、学校盖章)
3. 由家长及学生签名的《购买医疗保险同意表》
4. 由家长及学生签名的《学生参与同意表》
5. 由家长及学生签名的《条款与条件》
6. 275加元申请费(不退还)

第二步:

入学申请办公室收到以上材料及申请费后,会发出申请费收据。一旦学生被批准录取,入学申请办公室将向学生家长或者监护人发出缴费清单。

第三步:

交付学费及医疗保险费。**学费及医疗保险费用可能会调整,无法预先通知,请与入学申请办公室核实申请学年的准确学费标准。付款方式包括电汇、银行汇票、汇票或者保付支票。**

- a) **电汇**(请在所交费用上另加35加元的银行手续费)
开户银行: Canadian Imperial Bank of Commerce
银行地址: 1 King Street West, Hamilton, Ontario, Canada
银行号码: 00062
账户号码: 0000108
国际电汇代码(SWIFT Code): CIBCCATT
- b) **银行汇票、汇票或者保付支票**,请注明接收方为 Hamilton-Wentworth District School Board

如果学生不满18岁,还必须递交以下文件:

- 1) 加拿大监护人监护声明公证件**原件**
- 2) 学生父母在其居住国公证的监护声明文件的**电子版**(传真或者扫描)

第四步:

入学申请办公室收到申请费、学费、医疗保险费,及监护文件(18岁以下学生适用)后即发出正式的录取信。此信用来向加拿大使馆申请学习签证。签证审理的具体时间,请向申请人居住国的加拿大使馆咨询。

第五步:

学生获得学习签证后,请立即告知入学申请办公室。电子邮件: admissionsoffice@hwdsb.on.ca; 电话: 905.527.5092 分机 2235。到时入学办公室会立即安排**英语与数学入学水平测试**。强烈建议学生**至少于开学前一周**抵达加拿大,以调整时差与参加入学水平测试。延迟的入学测试将耽搁学生按时入学。这项入学测试旨在评估学生的英语和数学水平,测试结果将被学校用来为学生安排课程和提供相关的帮助。

监护权声明与要求

凡是未满 18 岁并且不与家长同住的学生，必须指定一名监护人。监护人须对学生负责，提供住所及其它生活所需，如食物、衣物和交通。监护人在紧急事件发生时担任学生家长的责任。监护人必须为 19 岁以上的加拿大公民或永久居民。

如果监护人在学期当中发生变更，学生必须立即将新的监护权声明递交到入学申请办公室。以下表格必须在加拿大和学生原居住国进行公证：

- ◆ 学生在原居住国的家长出具的监护声明，表明已委托一名监护人担当家长的责任。此文件必须在学生原居住国公证。
- ◆ 一名 19 岁以上的加拿大公民或永久居民出具的监护权声明，表明该人在紧急事件发生时担当家长的责任。此文件必须在加拿大公证。
- ◆ 监护权声明表格可从加拿大移民局网站下载 www.cic.gc.ca/English/pub/custodian-parent.pdf

18 岁以及 18 岁以上的学生，我们也强烈建议选择与住宿家庭同住。寄宿在当地家庭是海外留学生最常选用的方式。负责安置学生的公司或组织，可以帮助学生找到住宿家庭。所有学生必须提供一名紧急联系人的信息，以便处理突发紧急事件。

抵达加拿大

学生抵达加拿大后，必须携带以下文件向入学申请办公室报到。学生通常在报到当天进行英语和数学水平测试。

- ◆ 学生签证原件
- ◆ 护照原件
- ◆ 在汉密尔顿地区居住证明（如租房合同或房屋购买凭证）
- ◆ 学生和家长或监护人的居住地址和联系电话
- ◆ 当年及前两年的学习成绩单原件
- ◆ 学生的医疗免疫记录
- ◆ 监护文件（如果适用）

医疗保险

汉密尔顿市教育局要求所有的国际学生必须购买其指定的医疗保险。“学生保障医疗保险”为指定保险，为学生提供在加拿大的健康医疗保证。此保险费用如下：

管理费	每年 75 加元
标准计划医疗保险费	每年 529.25 加元

学生在入学前可通过电汇、银行汇票、汇票或者保付支票的方式向汉密尔顿市教育局支付合计为 604.25 加元的医疗保险费用。教育局在收到医疗保险费用后才会发出录取通知书。如需阅读保险概要，请登陆网站 www.guard.me。

收费标准

学费可能调整，无法预先通知。学生如果在新学费执行前付费，需要之后补足新旧学费之间的差额。

申请费（不退还）： 275 加元

高中学费（9 至 12 年级）

全年 13,300 加元（最多 8 个学分）

一学期 6,650 加元（最多 4 个学分）

每个另加的夏季学分课程、夜间学分课程、网上学分课程或者周六学分课程，均为每学分 1,662.50 加元。

小学学费（幼儿园至 8 年级）

全年 12,300 加元

请注意：如果小学生在学期中途入读，其学费按照所读月份占全年比例收取。每名小学生在汉密顿市公立教育局上学期间，必须与其一位直系亲属居住。

退款政策

所有退款均将扣除 600 加元的管理费。

如学生未能来汉密尔顿市公立教育局学习，或者决定离开汉密尔顿市公立教育局，须按照以下政策退款：

如果学生被加拿大移民局拒签，可以获得全部所交学费退款。申请退款时，学生必须递交以下文件：

- 书面的家长签字的要求退款信
 - 加拿大使馆拒签信的原件
 - 汉密尔顿教育局签发的录取信原件
 - 汉密尔顿教育局发出的缴费收据原件
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- ◆ 如果学生在原居住国撤销其签证申请并且于学年或学期开始前 30 天告知教育局，可以获得所交学费的三分之二退款。申请费\$ 275 不退。学生必须提交教育局签发的入学通知书以及缴费收据的原件。学期开始后，所交学费不退还。
 - ◆ 学生得到学习许可后又决定不就读的，所交学费不予退还。
 - ◆ 如果学生因违反教育部规定或违反汉密尔顿市公立教育局政策或程序而被勒令退学，其所交学费一律不退还。
 - ◆ 如果学生在就读年度当中改变其移民身份，其所交学费不退还。学生在注册入学后，递交移民申请或者被批准成为加拿大永久居民，其所交的学费不退还。

Hamilton-Wentworth District School Board International Student Application Package

Student Participation Agreement 《学生参与同意表》

A condition to the student admission and your participation as an international student with Hamilton-Wentworth District School Board is that you agree to comply with all requirements outlined below. Further you accept Hamilton-Wentworth District School Board's refund protocol as outlined in the information package that accompanies this application.

学生被汉密尔顿市教育局录取并作为其一名国际学生参与其项目的条件为遵守以下各项规定。此外，学生还需要接受汉密尔顿市教育局在申请材料中列明的退款条款。

In addition, it is agreed that: 同意的内容包括:

1. It is the student's responsibility to maintain a current **Study Permit** from Citizenship & Immigration Canada. 学生自己负责在其学习期间维持有效的由加拿大移民局颁发的学习签证。
2. Tuition fees will be paid in full prior to a Letter of Acceptance being issued. 学生在收到录取信前交付所有的学费。
3. The student is required to maintain continuous health coverage through Hamilton-Wentworth District School Board's carrier – Student Guard Insurance. 学生必须保持持有汉密尔顿市教育局指定的医疗保险——“学生保障医疗保险”。
4. The student must observe and adhere to the following: 学生必须遵守以下规定:
 - all federal and provincial laws of Canada 加拿大国家及省市各级法律法规
 - the rules, policies and regulations of Hamilton-Wentworth District School Board 汉密尔顿市教育局政策及规章制度
 - the Student Code of Conduct 学生行为规范, 详情请点击链接:
www.hwdsb.on.ca/programs/safeschools/pdfs/ConductPamphlet.pdf
5. The student is also expected to attend school regularly, meet homework expectations and maintain an academic standing of at least a "C" or 65% grade point average. 学生必须按时上课, 完成家庭作业要求, 并且保持平均成绩为至少 65 分或者 C 标准。
6. Information regarding the student's attendance, academics and emotional, medical and psychological concerns can be shared with parents, custodians/guardians, school and Board staff in order that necessary guidance and assistance can be provided. 学生家长、监护人、学校和教育局职员可以获取学生出勤、学习、情感、心理及医疗各方面的信息, 以便为学生提供必要的指导和帮助。
7. It is the student's responsibility to contact the Admissions Office if there is any change to custodianship, address, telephone number or emergency contact. 学生自己负责立即通知入学申请办公室如果其监护人、住址、电话或者紧急联系人信息发生变化。
8. If the student is less than eighteen (18) years of age, he or she must reside in a selected residence approved by their parent/guardian or assigned custodian in order to remain eligible to participate in the International Student Program.

18 岁以下的所有国际学生, 必须在家长或者合法监护人同意的地方居住。否则, 将无法参与国际学生项目。

Any breaches to the above terms are subject to discipline measures and may result in the student being removed from school and the Hamilton-Wentworth District School Board International Student Program **without refund of tuition fee and/or any other compensation.** 任何违反以上规定的行为将会受到纪律处分, 甚至有可能导致学生被汉密尔顿市教育局开除, 学生所交学费不予退回并且没有其他任何赔偿。

I confirm I have read, understand and agree to follow the requirements outlined above.

我已经阅读、理解并且同意遵守以上条款。

Student's Name (Printed) 学生姓名 (拼写拼音)

Student's Signature 学生签名

Date 日期

Parent's Signature 家长签名

Date 日期

Hamilton-Wentworth District School Board International Student Application Package

Terms and Conditions 《协议书》

1. Any inaccuracy in the application may result in dismissal from the HWDSB **without refund of tuition fee and/or any other compensation.** 学生在申请时提供的信息如有任何不真实，则可能导致学生被汉密尔顿市教育局开除，其所交学费不予退还并没有其他任何赔偿。
2. Hamilton-Wentworth District School Board is not liable for any loss, expense or injury suffered by the student including periods of study and travel. If the student becomes ill or incapacitated, the HWDSB may take such action **at the student's expense** as it considers necessary, including securing medical treatment and transporting the student home. 汉密尔顿市教育局对学生在学习期间和旅行中发生的损失、费用或者损伤不承担责任。如果学生生病或者无行为能力，汉密尔顿市教育局经考虑后如果认为有必要，则可能帮助学生联系医治方法并且协助将学生送回其来源国，其中所产生的花费由学生自己承担。
3. Hamilton-Wentworth District School Board is not liable for losses or expenses as a result of the Board being unable to provide education owing including interruptions caused by labour disputes, inclement weather conditions or other causes beyond its control. 汉密尔顿市教育局对因劳工纠纷、恶劣天气或其它不可控制的因素发生的损害或者费用不承担责任。
4. Hamilton-Wentworth District School Board is authorized to use photographs of the student and/or artwork and/or written work produced by the student in any promotional material and/or professional media for the International Student Programs at the Board. 汉密尔顿市教育局可以在其宣传材料或者其国际学生项目的专业媒体中使用学生的相片或其艺术或者写作作品的相片。
5. The undersigned agrees to indemnify Hamilton-Wentworth District School Board for any damage, expense or injury incurred, resulting from the student's wilful or negligent behaviour or actions. 签名人同意汉密尔顿市教育局不对因学生本人的恣意或者疏忽的行为而造成的损害、费用或者损伤承担责任。

I have read, understand and agree to the terms and conditions as outlined above.

我已阅读、理解并且同意以上条款。

Student's Name (Printed) 学生姓名 (拼写拼音)

Student's Signature 学生签名

Parent's Signature 家长签名

Date 日期

Date 日期

**Hamilton-Wentworth District School Board
International Student Application Package**

STUDENT/APPLICANT INFORMATION			
Family Name	Given Names	Gender <input type="radio"/> Male <input type="radio"/> Female	Country of Birth
Student's Home Address (in home country): Address:			Date of Birth (dd/mm/yyyy) _____
City:			Citizenship: _____
Province:			First Language: _____
Country:			Second Language: _____
Telephone (Home):		E-mail address:	
PARENT INFORMATION			
Father's Family Name / Given Name		Father's Contact Information Telephone (home): Telephone (work): Cell: E-mail:	
Mother's Family Name / Given Name:		Mother's Contact Information Telephone (home): Telephone (work): Cell: E-mail:	
Parent's Address: City: Province: Country:			
CUSTODIANSHIP:			
(The Custodian must be over 19 years of age, a Canadian Citizen or a Permanent Resident of Canada and named to assume responsibility for the student. Notarized declaration must be received before the Letter of Acceptance is issued.			
Have you found a custodian in the Hamilton area? <input type="checkbox"/> Yes. If yes, please provide the detailed information of the custodian in the section below. <input type="checkbox"/> No. If no, do you require assistance in finding a custodian? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Custodian's Family / Given Name: Relationship to Student: Telephone (home): Telephone (work): Cell: E-mail:		Custodian's Address:	
Do you require assistance in finding homestay?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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STUDENT'S SCHOOL INFORMATION

Previous School Name:	Previous School Address: (City and Country)
Last Grade Completed:	Has the student ever attended a school in Canada? If Yes, where and when?
Current Grade Enrolled:	
Current Year Average:	Previous Year Average: _____ Year: _____

SCHOOL PLACEMENT

Please visit our website www.hwdsb.on.ca/schools for a list of elementary and high schools. Final school placement is subject to the student's English level, academic interests, school capacity and homestay arrangement.

Hamilton-Wentworth District School Board reserves the right to determine final school and grade placement.

<p>The student is applying for the following term: (please check appropriate box)</p> <p>Elementary (Grade 1 to Grade 8)</p> <p><input type="checkbox"/> September – June <input type="checkbox"/> January – December <input type="checkbox"/> January – June <input type="checkbox"/> September – December</p>	<p>Secondary (Grade 9 – Grade 12)</p> <p><input type="checkbox"/> September – June <input type="checkbox"/> September – January <input type="checkbox"/> February – June <input type="checkbox"/> February – January</p> <p>Indicate three secondary school preferences:</p> <p>1. _____ Why is this school your first choice? _____</p> <p>2. _____</p> <p>3. _____</p>
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<p>Specialties :</p> <p>Favourite Subjects: _____</p> <p>Least Favourite Subjects: _____</p> <p>Strengths/Awards: _____</p> <p>Hobbies/Interests: _____</p>	<p>What are the student's goals:</p> <p><input type="checkbox"/> Graduate from high school <input type="checkbox"/> Develop English skills only <input type="checkbox"/> Attend university in Canada <input type="checkbox"/> Attend college in Canada <input type="checkbox"/> Return to my home country</p>
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How did you hear about Hamilton-Wentworth District School Board's International Program?

<input type="checkbox"/> Hamilton-Wentworth District School Board website <input type="checkbox"/> Family or Friend <input type="checkbox"/> Agent <input type="checkbox"/> Education Fair <input type="checkbox"/> Other _____	Name of Agent: _____
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An Application Fee of \$275.00 CDN must be submitted with the application. This fee is made payable to Hamilton-Wentworth District School Board by bank draft, electronic funds transfer or money order. THIS APPLICATION FEE IS NON-REFUNDABLE.

I confirm that the information contained on the application form and all documents submitted in support of this application are true and accurate.

Student's Signature

Date

Parent's Signature

Date

Hamilton-Wentworth District School Board
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Medical Consent Form - Minors

I, _____ the parent or legal guardian of
minor child _____ confirm that I have applied for coverage for said
minor under the **Student Guard Health Insurance Policy** and agree to be bound by the terms and conditions of this
policy.

I consent to the use of said minor's personal information for the purposes of obtaining and administering insurance
coverage. I authorize any hospital, physician, other medical provider or insurer to provide said minor's complete medical
record to Reliable Life Insurance or Travel Healthcare Insurance Solutions Inc. (Student Guard) for the purpose of
administering claims. A photocopy or facsimile transmission of this authorization is as valid as the original.

All information is to be held in complete confidentiality and is not to be released to any party apart from those listed above.
Use of my email address will be restricted to insurance inquiries unless I initiate email contact.

Signature of Parent/Custodian if Student is under 18 years of age

E-mail Address

Date

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Medical Consent Form

I, _____ confirm that I have applied for coverage under the
StudentGuard Health Insurance Policy and agree to be bound by the terms and conditions of this policy.

I consent to the use of my personal information for the purposes of obtaining and administering insurance coverage.
I authorize any hospital, physician, other medical provider or insurer to provide my complete medical record to Reliable
Life Insurance or Travel Healthcare Insurance Solutions Inc. (Student Guard) for the purpose of administering claims.
A photocopy or facsimile transmission of this authorization is as valid as the original.

All information is to be held in complete confidentiality and is not to be released to any party apart from those listed above.
Use of my email address will be restricted to insurance inquiries unless I initiate email contact.

Signature of Student if 18 years of age or older

E-mail Address

Date